Wake County, North Carolina
referral@wellspringintervention.com
Licensed under 10A NCAC 27G .1700

Family Visitation & Contact Authorization

Approved contacts and visitation preferences

Form ID: WSI-F06

Identifies who is authorized (and not authorized) to visit, call, or have contact with the child.

CHILD INFORMATION

Child's Name: _____ **Date of Birth:** _____

APPROVED VISITORS / CONTACTS

Name	Relationship	Phone	Visit / Call

VISITATION PREFERENCES

- ■ On-site visits only
- ■ Off-site visits (approved locations)
- ■ Home passes (when clinically appropriate)
- ■ Supervised visits required
- ■ Phone calls: daily
- ■ Phone calls: scheduled
- ■ Video calls permitted
- ■ Overnight visits (per plan)

Guardian Signature	**Printed Name**	**Date**
WSI QP Signature	**Printed Name**	**Date**